

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Schwann's Shared Services, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 115 West College Ave., Marshall, MN 56258

Name of Agent Designated to Receive
Notification of Claimed Infringement: Colleen Butcher

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Schwann's Shared Services, LLC, 115 West College Ave.,
Marshall, MN 56258

Telephone Number of Designated Agent: 507-537-8979

Facsimile Number of Designated Agent: 507-537-8182

Email Address of Designated Agent: Colleen.Butcher@schwans.com

Signature of Officer or Representative of the Designating Service Provider:

[Signature] Date: May 23, 2008

Typed or Printed Name and Title: Colleen Butcher, Senior Attorney Intellectual Property

SCANNED 07 / 30 - 2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

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